MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09358 09357 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY Calvert MARYLAND Maryland Calvert c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 North Beach d. STREET ADDRESS IS RESIDENCE ON A FARM? 607 7th street. YES NO X Middle 4. DATE Last Manth Year Day Walter Wvatt Acton 1967 DEATH 7. MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years NEVER MARRIED last birthday) Manths WIDOWED DIVORCED 1-4-96 white 11. BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT SNOUSTRY COUNTRY? Washington, D.C. 14 MOTHER'S MAIDEN NAME C. Gertrude Smith 17. INFORMANT 16. SOCIAL SECURITY NO. 212-12-5115 Elisabeth L. Acton. North Beach. Md. INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO (b) DUF TO 19. WAS AUTOPSY PERFORMED? NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (County) (State) Haur a.m. factory, street, affice bldg., etc.) Nat While at wark ot wark

b. CITY OR TOWN (If outside carparate limits. write RURAL and give nearest town) Rural-Prince Frederick 12 hrs. d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) and campletely filled in remave carbon papers. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Calvert County Hospital NAME OF DECEASED (Type or print) ever and in any male JOa. USUAL OCCUPATION (Give kind of work done during mast af warking life, even if retired) please physician (Retired carpenter ar remaval, William Acton IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknawn) ((If yes give war ar dates of service) no crematian, 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit Page 4 may be retained by the haspital ar attending physician. burial, Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause priar to l the last. GS has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate Por 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 21. I certify that (I) (this haspital) attended the deceased fram July 25, 1967, to July 25, 1967 that (I) (we) last saw the deceased glive an July 25 1967, and that death accurred af1215pM, fram causes and an the date stated abave. FUNERAL DIRECTOR: 22a. SIGNATURB. 22b. DATE SIGNED DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S TO HOSPITAL director, pa shauld be f NAME (Type) George J. Weems, M.D. Huntingtown, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23a. BURIAL, CREMATION, REMOVAL (Specify) July 28, 1967 Cedar Hill Cemetery Suitland Pro Geo 0 ADDRESS 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR

VR A15 (4)

F. Gasch's Sons Hyattsville, Md.

256 REGISTRAR'S SIGNATURE

Charley

(State)

Md.

(County)

2-7-1-1 Sharel-Frince "tonerick Ma hr. . Horgo Pesan CONTRACTOR CONTRACTOR fed tanck yours draw! " Walter X - House Waster Batter, Co. H. C. C. C. C. gorok matility datas electres 0 212-12-115 tellette at ete la tellette gill-91-515 TO TO SET THE PARTY OF THE PART Bonger J. western W. D. . Huppingtown, Sarvand W I con cit would be statement the tree to be a time to be The state of the s

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09358 09359 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY b. COUNTY Maryland Calvert Calvert MARYLAND b. CITY OR TOWN (If outside corporate limits,
write RURAL ond give neorest town)
Rural-Prince Frederick c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. illed in by papers. Pa 56 days Rural-Lusby d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS event, within 72 Calvert County Hospital NO X YES campletely fil 3. NAME OF First Middle 4. DATE Last Month Doy Year DECEASED Adams 11 67 Duke (Type or print) DEATH S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS **NEVER MARRIED** lost birthdoy) Months Hours WIDOWED DIVORCED 11-11-82 white male pup 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician a during most of working life, even if retired) COUNTRY? U.S.A INDUSTRY. remaya, ond Virginia
14. MOTHER'S MAIDEN NAME reting 13. FATHER'S NAME Ella Duke William Adams 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, nq, or unknown) (If yes give wor or dates of service) 6 212-10-2536 Martha Adams Lusby, Maryland burial, crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN ogely - inel - . A. U. burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUF TO Conditions, if ony, which gove Coma rise to immediate couse (o), DUF TO stating the underlying cause prior ta has been last 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (County) (Stote) Hour 'o.m. foctory, street, office bldg., elc.) Not While ot work at work 21. I certify that (I) (this haspital) attended the deceased fram July 22, 1961, to July 11, 1967 that (I) (we) last saw the deceased alive on July 11, 1967, and that death occurred at 5200M, fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR M.D. director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S Prince Frederick. Md. NAME (Type) Issam F. el Damalouji, M.D. 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 24. FUNERAL DIRECTOR REC'D BY REGISTRAR VR A15 (4) 25M 1/67 Charley

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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DATE

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CERTIFICATE OF DEATH 09360 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. death funeral 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Aled in Lyages, papers. Pages 77 haurs after d Marvland Calvert MARYLAND Calvert c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits r LENGTH OF STAY IN 16 Rural-Prince Frederick 6 hrs. Rural - Owings pletely 17, certain dape. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d STREET ADDRESS Calvert County Hospital YES NO [3. NAME OF First Middle Lost 4. DATE Month Doy Year DECEASED OF 21 1967 Mazie Ellen event, Booze (Type or print) DEATH S. SEX IF LINDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED birthdoy) Months Hours remay Negro 5-23-90 female and in any WIDOWED DIVORCED pup 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT physician a during most of working life, even if retired) U.S.A. INDUSTRY Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, Samuel Coates Mary Jones 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Address permit. James Booze Owings. Maryland crematian, 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO signed burial, a Conditions, if ony, which gove rise to immediate couse (o). DUE TO stoting the underlying couse Page 4 may be retained by the hospital or attending State Dept. af Health prior ta last. 19. WAS AUTOPSY PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO this certificate 20o. ACCIDENT WAS LINDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) MEDI Hour 'o.m foctory, street, office bldg., etc.) Not While After i ot work 21. Vertify that (1) (this haspital) attended the deceased fram director, page 3 shauld shauld be filed with the and that death occurred at 2250M, from causes and on the date stated above. FUNERAL DIRECTOR: sow the deceosed glive on 220. SIGNATURE 22b. DATE SIGNED ATTENDING X DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Roberto de Villarreal, M.D. St. Leonard, Maryland 230. BARIAL, CREMATION, 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stote) (County) REMOVAL (Specify) 7-24-67 Mt. Hope C.Cem Sunderland Cal 2 Md ADDRES 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Prince Frederi

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09361 09360 CERTIFICATE OF DEATH **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. STATE Maryland o. COUNTY b. COUNTY Calvert Calvert MARYLAND c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL ond give necrest town)
Rural-Prince Frederick Rural-St. Leonard 11 days e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS Calvert County Hospital YES NO NAME OF Middle 4. DATE remave carbon Lost Doy Year DECEASED 1967 Blanche Cox (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** last birthday) Months and in any WIDOWED K DIVORCED 9-21-82 white female 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT **VALSTUDINI** U.S.A House Wife
13. FATHER'S NAME Maryland 14. MOTHER'S MAIDEN NAME burial, crematian, ar removal, John Hatton Mary Padget 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. 579-62-5635 Minerva Herbert St. Leonard. Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (o). DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? NO 🔽 After this certificate 2Do. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (State) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) foctory, street, office bldg., etc.) Not While at work 21. I certify that (I) (this haspital) attended the deceased from July 14, 1967, to July 25, 1967, that (I) (we) last saw the deceased alive an 17/14 1967, and that death accurred at 17/14 M, from causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED X 7-25-67 DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S FUNERAL NAME (Type) Prince Frederick, Maryland Ersoy, M.D. 23d. LOCATION (City or Town) THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) 23o. BURIAL, CREMATION, (Stote) REMOVAL (Specify) -1967 Congressional Wash, D.C. 25o. REC'D BY REGISTRAR TITCh St.S.E. 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE HEALTH DEPT PLACE OF DEAT USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) a. COUNTY e. STATE MARYLAND ecessary, ne funeral 5 may be Department after death Write RURAL and give nearest town C. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) NAME OF HOSPITALOR INSLITUTION (If not in hospital, give street eddress) S d. STREET ADDRES e. IS RESIDENCE ON A FARM? State hours NO X YES ME EXAMINER: This certificate should be executed within 24 hours after death. If any delects, the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. NAME OF Middle Last DATE Month Dev Year 4. DECEASED (Type or print) DEATH 19 2 with within 6. COLOR OR RACE | 7. MARRIED [DATE OF BIRTH AGE (In lears | IF UNDER 1 TEAR | IF UNDER 24 HRS last birthday) | Months | Days | Hours | Min. 8. NEVER MARRIED WIDOWED DIVORCEO une 15 1 and 2 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR BIRTHPLACE (Stete or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? any pages in any FATHER'S NAM MOTHER'S MAIDEN NAM File 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or, unknown) | (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT permit. I INTERVAL BETWEEN ONSET AND GEATH CAUSE OF DEATH [Enter only one cause per line for (e)(b), and (c). burial-transit cremation, or I. DEATH WAS CAUSED BX IMMEDIATE CAUSE DUÉ TO Conditions. If any, which geve rise to immediate DUE TO cause (a), stating 1 used as a to burial, underlying cause last. PART II. OTHER SHEMP CAN'T CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? CERTIFICATION YES [NO 20a. EXTERNAL CAUSE WAS PRIMARY DO OF CONTRIBUTING CAUSE OF DEATH. 3 should be agent, prior DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20d. INJURY OCCURRED | 20e. FLAGE OF INJURY (Home, Jargh, Month, Oay, Year 20f. (City or town) TIME OF INITIRY Not While CTOR: Page designated at work at work 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Inspection Inquiry DIRECTOR: death resulted from Natural causes Accident Suicide Homicide Undetermined manner your CHIEF MEDICAL EXAMINER DATESIONED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE for 0 DEPUTY MEDICAL EXAMINER FUNERAL f Health o **EXAMINER'S** retained Address (Street, city, town, or county) NAME (Type) director CEMETERY OR CREMATORY (State) BURIAL, CREMATION. 23c. NAME OF LOCATION (City, town DATE THEREO 23b. REMOVAL (Specify) to 0 TEC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **FUNERAL DIRECTOR** 24. VR ALSME (5)

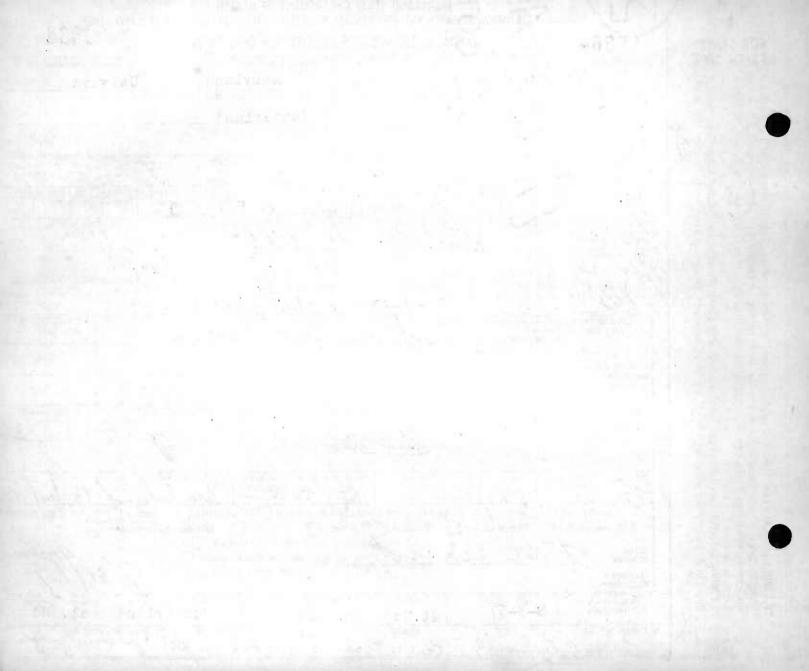
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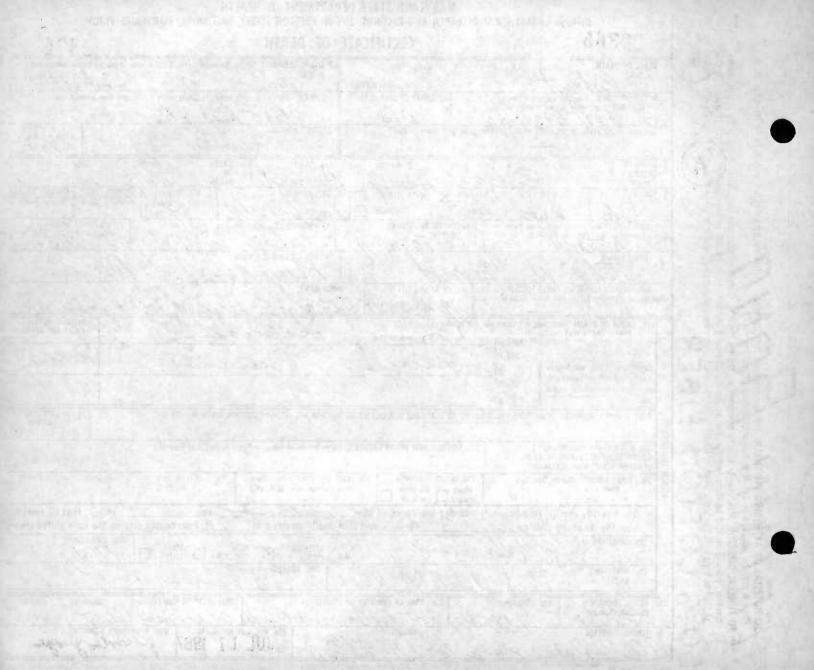
RYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 09363 OF DEATH CERTIFICATE 2. USUAL RESIDENCE (Where decased lived, If Institution: Residence before admission) Count b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) giva nearast town OR INSTITUTION (if not in hospital, give street address) hours aft IS RESIDENCE ON A FARM? YES NO Co. Hospital papers. Calvert complete Middle 4. DATE Last Month Day DECEASED DEATH JIII V (Type or print) 1.7 67 within 19 Elmer carbon 9. AGE (In years | IF UNDER 1 YEAR 6. COLOR OR RACE IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months | Days Hours WIDOWED DIVORCED OCCUPATION 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratirad IISA Welder 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yas, no, or unkown) | (Il yes give wer or datas of servical Mrs John Lusby. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b). gava rise to immediate causa DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. CERTIFICATION PERFORMED? NO 20e. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) detached for (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, streat, offica bldg., atc.) While Not Whila Hour a.m. at work at work (I) (this hospital) attended the degeased from. saw the deceased and that death occured at from the causes and on the date stated above. 22a. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. M.D. page with t ADDRESS 22c. PHYSICIAN'S 22d. NAME (Type) director, Weems LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (Stata) 23c. NAME OF CEMETERY OR CREMATORY 23d. REMOVAL (Spacify) OH Burial Cedar Hill BY REGISTRAR 25b. REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 1SM 7/61 Lee Funeral Home, Washington,

law requires that the

You Rainge East est on the Park Calvert Co. Homeital July Truer Fried adl/W ofal ABII striggill-- 5 Mrs John Leann / Luchy, Dd. V. J. Leons Bottlent. Ma. Aurial Tyle Codes Hill 1961 FT 70F. Lee Funeral Rose, Mandayton, L. C.

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	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212	01
FOR STATE	09364 , MEDICAL EXAMINER'S CERTIFICATE OF DEATH	9363
HEALTH (DEPAR)	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence, COUNTY) 3. STATE ASSESSMENT OF THE PROPERTY OF THE PROP	ce befare admission)
ny delay is 2, and 3 ta PM3. Page cartment of	Maryland Maryland Calve	ert
delay and 3 A3. Pac tment	b. OR TOWN (If autside corporate limits LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give	nearest tawn)
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ath. If any delay ages 1, 2, and 3 ith farm PM3. Pages State Department 2 haurs after deat	d. AAME OF HOSPITAL OR HYPTUTION Alf not in hispital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Pages 1, with farm with farm 52 haurs	3. NAME OF First Middle Plast 14 DATE Month	YES NO
haurs after death. If any delay is tem 18. Give Pages 1, 2, and 3 to Office along with farm PM3. Page and 2 with the State Department of event within 72 haurs after death.	3. NAME OF DECEASED (Type or print) Courses 3 Middle Deare OF DEATH	Day Year
olong within	S. SEX, A 6. COLOR OR RACE 7. MARRIED NEVER MARRIED STATE OF BIRTH 9. AGE (In years IFUNDER)	
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thin encil min pag in	11 FAHER'S NAME	
d within 24 hau in pencil in Item Examiner's Offic File pages 1 and and in any even	15. WAS DECEST IN U.S. ALMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT AND Address	
IINER: This certificate shauld be executed within 24 haurs after death. should be farwarded within 24 haurs after death. should be farwarded to the Chief Medical Examiner's Office along with files. 3 shauld be used as a burial-transit permit. File pages land within 72 hat, priar to burial, cremation, ar remaval, and in any event within 72 had.	(15. WAS DECESSED EVER IN U.S. ALMED FORCES? (16. SOCIAL SECURITY NO. 17 INFORMANT Address (16. SOCIAL SECURITY NO. 220–16–436)	
exe endir Mec	18. CAUSE OF DEATH (Enter only one cause per lima for (a), (b), and (b)	INTERVAL BETWEEN
be "pe hief ansi	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ANALYSIA FORMULE OF THE PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ANALYSIA FORMULE OF THE PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ANALYSIA FORMULE OF THE PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ANALYSIA FORMULE OF THE PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ANALYSIA FORMULE OF THE PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) ANALYSIA FORMULE OF THE PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) ANALYSIA FORMULE OF THE PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) ANALYSIA FORMULE OF THE PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) ANALYSIA FORMULE OF THE PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) ANALYSIA FORMULE OF THE PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) ANALYSIA FORMULE OF THE PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE BY: IMMEDIATE CAUSE BY: IMMEDIATE CAUSE BY: IMMEDIATE CAUSE BY: IMMEDIATE BY: IMM	ONSET AND DEATH
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09366 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a. STATE b COLINTY Calvert MARYLAND Maryland Calvert b. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If gutside corparate limits, write RURA), and give nearest tawn) write RURAL and give nearest town)
Rural-Prince rederick event, within 72 hours PHYSICIAN: The law requires that the death certificate be executed within 24 hours days Rural-Prince Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) ON A FARM? Calvert County Hospital Hammond Rd. 206 YES IN NO DATE OF DEATH NAME OF Middle Month Last Year DECEASED Kidwell 1967 Joseph Samuel DATE OF BIRTH IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE AGE (In years 7. MARRIED NEVER MARRIED remave last birthday) Manths Hours 4-10-98 white WIDOWED male DIVORCED cremation, ar removal, and in any ahd 11. BIRTHPLACE (Caunty & State, or fareign cauntry) 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired)

Parmer -Tobacco INDUSTRY Maryland Tenent 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William L. Kidwell Lizzie Richards Mary E. Kidwell Prince Frederick, Md. 20678 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, or unknown) (If yes give war ar dates af service) 2-12-0479 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line)(a), (b), and (c).) signed by the burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave rise ta immediate cause (a), DUF TO stating the underlying cause lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO certificate 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar town) (State) (County) Hour o.m. factory, street, office blda., etc.) Nat While at wark L **FUNERAL DIRECTOR: After** 21. I certify that (1) (this hospital) attended the deceased from Jan. 15, 1966, to July 3, 1967 that (1) (we) last saw the deceased alive an July 3 1967, and that death occurred at 1:0000, fram causes and an the date stated above. 22b. DATE SIGNED 22a, SIGNATURE STAFF PHYS. X DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) George J. Weems, M.D. Huntingtown. Maryland 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (State) ery Upper Marlboro

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Mt. Carmel Cemetery 24. FUNERAL DIRECTOR Ritchie Bros. Fun'l Home-Upper Marlboroate

Susylen: Aurel - Prince Fromerick days | Round-Prince in the conict -yat, Silvert County Hoseisel Lacinson yang dievis Ilessil Isual nosson from E coe con - receive -Militon In Midwell ... Sillian I. Kidnell ... Signal in the state of the state o Tunta n & vin. 2 de ci .det. 2 de ci .de ci 76/6/4 mm and management of the 19/3/67 Superior to the search Mail. I have true town, leaved and Burnel W. Word Ut. Contract Company to per Marlboro - Ma. Alcalle Bros. Fun'l Home-Upper Maricoro

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09366 CERTIFICATE OF DEATH 09367 funeral I and executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY o. STATE b. COUNTY Calvert Maryland Calvert leose remaye earbon popers. Poges I and in ony event, within 72 haurs after MARYLAND the 1 b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick days Huntingtown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Calvert County Hospital YES NO 3. NAME OF Middle First Lost 4. DATE Month Doy Year completely DECEASED Gertrude Leitch DEATH July 1967 (Type or print) Emil v IF UNDER 24 HRS S. SEX AGE (In years IF UNDER I YEAR 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** lost birthdoy) Months Hours White WIDOWED DIVORCED 10-24-76 Female 90 yrs. 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be during most of working life, even if retired) physician nen pleose **INDUSTRY** COUNTRY? Housewife New York

14. MOTHER'S MAIDEN NAME USA 13. FATHER'S NAME buriol, cremation, ar remavol, Helen Vander Weskes Frank Colton 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. (Yes, no, ar unknown) (If yes give wor or dates of service) 220-42-0886 Helen Jarvis, Huntingtown, Maryland No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the buriol-tronsit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse Poge 4 moy be retained by the hospital or ottending os the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) detached for use e Dept. of Health NO X 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) factory, street, office bldg., etc.) Not While ot work 21. I certify that (1) (this hospital) attended the deceased from. 1967 that (1) (we) lost director, page 3 should should be filed with the 19 67, and that death accurred at 9:102 M, from causes and on the dote stated obave saw the deceased alive on 220. SIGNATURE 22b. DATE SIGNED M.D DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Page C. Jett, M. Prince Frederick, Maryland (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) 9 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR VR A15 (4) 25M 1/67

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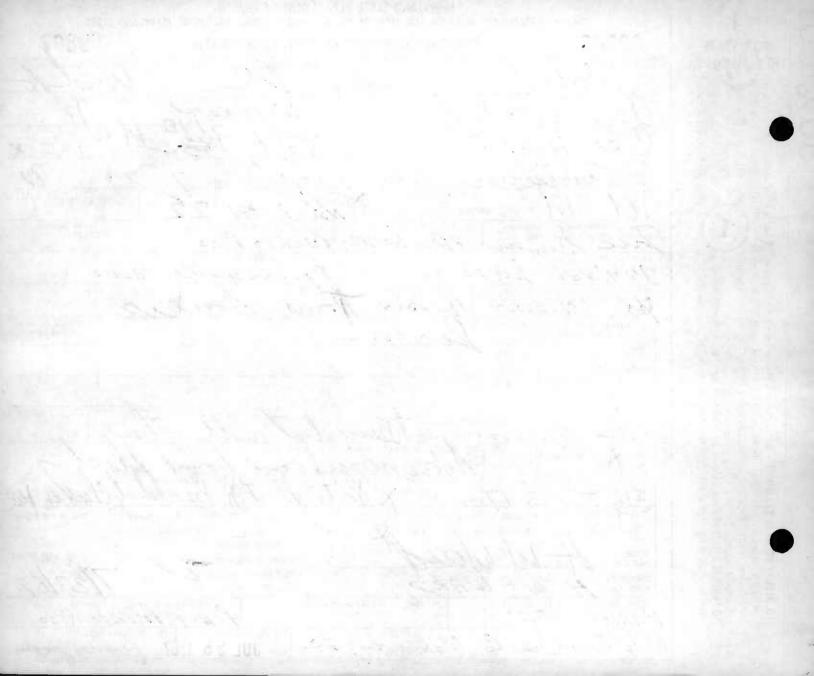
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09368 09367 MEDICAL EXAMINER'S CERTIFICATE OF HEALTH DEPT. O. COUNTY deceased lived, if institution: Pesidence before o. STATE after deoth MARYLAND deloy Deportment TOWN (If outside corporate URAL and give nearest town) ENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest IS RESIDENC ON A FARM e street oddress) hours ong with form YES the Stote hours ofter deoth. NAME OF , Middle Month Doy DECEASED OF Type or pnr(t) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED Months Dovs Item 18. Office WIDOWED DIVORCED ond 2 CUPATION (Give kind of work done 10b. KIND OF BUSINESS OF 12. CITIZEN OF WHAT COUNTRY? 24 any Chief Medicol Examiner pode 3. FATHER'S NAME be executed within 2 MONTALVO ORE File and WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO permit. (Yes no or unknown) (If yes give wor or dotes of service) removol NKNEWN INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line buriol-tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH 5 IMMEDIATE CAUSE (o) This certificate should cremotion, DUE TO the Conditions, if ony, which gove be forwarded to rise to immediate couse (o), DUE TO O stoting the underlying couse last. 05 buriol WAS AUTOPSY PERFORMED? II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TO THE TERMINAL DISEASE Health or its designoted agent, prior to 20o. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. (Enter nature of injury in Port I or 3 should should 20c. TIME OF INJURY Month, Dov. Year Stote) FUNERAL DIRECTOR: Poge pleose execute that I took charge of the remains described obove, held ond in my opinion Inquiry funerol director. deoth resulted from: Accident Noture couses Suicide Homicide Undetermined monner may be retoined CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINED AND SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) the 1 23b. DATE THEREOF BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATOR'S 25b. REGISTRAR'S SIGNATUR FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15ME (5) 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

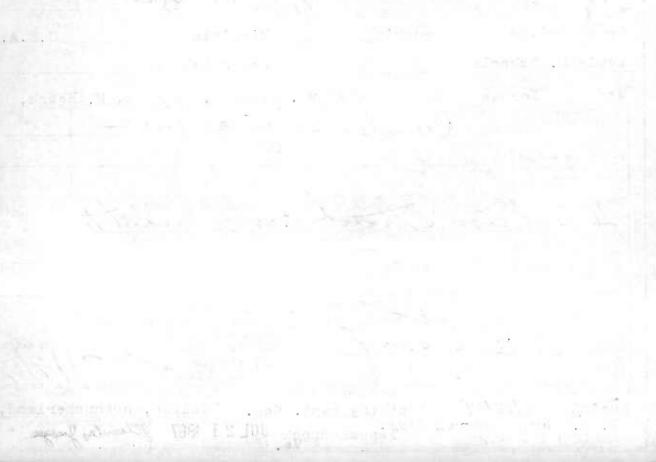


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09368 CERTIFICATE OF DEATH 00360 by the funeral Pages 1 and 2 nours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Calvert MARYLAND Maryland Calvert 24 haurs after b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) Rural-Prince Frederick 13 hrs. Chesapeake Beach oon papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Silest in e IS RESIDENCE ON A FARM? Calvert County Hospital NO I YES ATTENDING PHYSICIAN: The law requires that the death certificate be executed within NAME OF Middle physician and campletely t en please remave carbon Lost 4. DATE Year Doy campletely, DECEASED (Type or print) and in any event, Annie 6 19 67 Pearl Mangum DEATH IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED birthdoy) Months Doys Hours 2-7-89 white DIVORCED IK female WIDOWED and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT U.S.A. during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME Maryland 14. MOTHER'S MAIDEN NAME burial, crematian, or removal, attending phys Lucinda M. Beatley Christopher C. Haves 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service Edna Mangum Chesapeake Beach, Md. 20 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the c burial-transit p ONSET AND DEATH IMMEDIATE CAUSE Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse be aerached far use as the State Dept. af Health priar ta has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO certificate 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While at work O FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased from April 19, 1966, to July 6, 1967, that (I) (we) last saw the deceased alive on July 6, 1967, and that death occurred oil:30%, from couses ond on the dote stoted obove. directar, page 3 shauld should be filed with the 22o. SIGNATURE 22b. DATE SIGNED x M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Prince Frederick. Maryland Osman NAME OF CEMETERY OR CREMATOR 23d. LOCATION (City or Town 230. BURIAL, CREMATION DATE THEREOF (Stote) BEMOVAL (Specify) 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURI VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 09370 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution; o. COUNTY o. STATE S PM3. Page b. COUNT and 3 ta death. MARYLAND delay c. LENGTH OF STAY IN 1b rite RURAL and give nearest town) d. STREET ADDRESS IS RESIDENCE ON A FARM? Item 18. Give Pages 1, Office alang with farm YES NO X haurs after death. NAME OF Middle DATE Month DECEASED OF (Type or print) DFATH SEX with NEVER MARRIED IF UNDER 24 HR Months Hours Doys WIDOWED DIVORCED event and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired)
Truck Driver **INDUSTRY** COUNTRY? Trucking Virginia

14. MOTHER'S MAIDEN NAME 2 Chief Medical Examiner's U.S.A 13. FATHER'S NAME be executed within 2 Lewis B. Schools Helen Schools pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) removal 226 38 9982 Mrs. Nancy R. Schools, N. Beach, Md. 18. CAUSE OF DEATH (Enter only one cause per e for (o), (b), and (INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH 0 IMMEDIATE CAUSE (o) This certificate should crematian, DUE TO Conditions, if ony, which gove rise to immediate couse (o). DUE TO stoting the underlying couse OS O burial, THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) HER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DA NOT RELATED TO 19. WAS AUTOPSY PERFORMED? please execute the certificate, D 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) priar shauld PRIMARY Or CONTRIBUTING CAUSE OF DEATH agent, 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from Natural causes Suicide Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Health ar DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 23b. DATE THEREOF 23o. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 0 /22/67 Bethany Bapt. Cem. Callao, Northumberland, Va. Funeral Hom Doress Tappahannock ways an VR A15ME (5) 6M 1/66



FOR STATE HEALTH DEPT.

EXAMINER: This certificate should be executed within 24 hours after death. If any delay are certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page ro your director.

after State Nours the 2 with within l and event pages 1 in any File permit. Fremoval, burial-transit cremation, or r used as a to burial, 3 should be agent, prior 1 designated FUNERAL DIRECTOR: Health or its design 00 VR ALSME (5)

PLACE OF PEA USUAL RESIDENCE Where deceased lived. If Institution: Presidence before admission) a. COUNT b. COUNTY MARYLAND CUTY OR TOWN (If outside corporate limits) C. LENGTH OF STAY IN 1b c. CATY OR TOWN (If outside corporete limits) RURAL and give nearest town) NAME OF HOSPITAL OR MISTITUTION (if not In hospital give street address) d. GTREET ADDRESS e. IS RESIDENCE ON A FARM? NO T YES 3. NAME OF First Middle DATE Year Lasi 4. Month Day DECEASED (Type or print) DEATH 190 5. SEX 6. COLOR OF RACE NEVER MARRIED DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED est birthday) Months Days Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) BIRTHPLACE (State or foreign 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S MAME 14. MOTHER'S MAIDEN NAM 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 426. SOCIAL SECURITY NO. 17. INFORMAN (Yes, no, or unkown) (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) **DUE TO** Conditions, If any, which geve rise to immediate DUE TO cause (a), stating the underlying cause last. PARTI OTHER SUMIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS TO THE TERMINAL DISEASE COND CERTIFICATION 19. WAS AUTOPSY PERFORMED? 20a. ENTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED! (Enter Adure of injury in Part 1 or Part 1) of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 200 PLACE OF INJURY (Home, farm, 20f. (City er (Stete) actory, street, office bldg., etc.) Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Accident Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 17.10 NAME (Type) Address (Street, city, town, or county) (State) BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMELERY OR CREMATORY 23d. LOCATION (City, town or county REMOVAL (Specify), BEC'D BY REGISTRAR | 25b. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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24. FUNERAL DIRECTOR

25b. REGISTRAR'S SIGNATURE AUG RY-REGISTRAR DATE

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IF UNDER 24 HRS

INTERVAL BETWEEN

ONSET AND DEATH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09373 09372 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Calvert Maryland MARYLAND Calvert in by the Pages c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 1b Prince Frederick days Huntingtown d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS paper filled Calvert County Hospital YES NO T 3. NAME OF Middle remove carbon Last 4. DATE Month Day Year completely DECEASED William (Type or print) event, Edward Weaver DEATH July S. SEX 6. COLOR OR RACE 8 DATE OF BIRTH AGE (In years IF LINDER 24 HRS 7. MARRIED NEVER MARRIED Months last birthday) Days Hours Male White and in any WIDOWED DIVORCED August 8.1889 and c 12. CITIZEN OF WHAT COUNTRY? USA 10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) the offending physicion as sit permit. Then please **INDUSTRY** Maryland

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removol, Thomas Weaver Alice Evans 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor ar dates of service) Lillian T. Weaver, Huntingtown, Md 220-03-1601 buriol, cremation, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (a) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or attending physician. DHE TO Canditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying couse has been os the State Dept. of Health prior to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO YES After this certificate 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur o.m. factory, street, office bldg., etc.) Not While at work at wark 21. I certify that (I) (this haspital) attended the deceased from 6-30-67, 19 saw the deceased glive an 7-8-67 19, and that death accurred at 1. 7-8-67, 19___, that (I) (we) last , ta FUNERAL DIRECTOR: _, and that death accurred at 12:30 Pram causes and on the date stated above. 22a SIGNATURE 22b. DATE SIGNED director, poge 3 should be filed v M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Issam El Damalouji. M.D. Prince Frederick, Maryland 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o. BURIAL, CREMATION, (State) July 11,1967 Ft. Lincoln Cemetery Colmar Manor, Pr. Geo., Md.
Y REGISTRAR | 25b. REGISTRAR'S SIGNATURE 2 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR VR A15 (4) 25M 1/67 JUL 12 1967 Milanley F. Gasch & Sons Hyattsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

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